



Building Permit Application

Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: 1/14/16

Permit No.: B16000249

Building Address: 11590 Chapel Rise
 City: Clarksville State: MD Zip Code: 21044
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: 605101 Subdivision: 2020 Chapel Rise
 Section: _____ Area: _____ Lot: 8
 Tax Map: 29 Parcel: 26 Grid: 29-8
 Zoning: RC-DEO Map Coordinates: _____ Lot Size: 3.07 Acres

Existing Use: Field
 Proposed Use: Single Family
 Estimated Construction Cost: \$ 1.0m
 Description of Work: construct residential single family - 4BR, 3 1/2 Bath home
 Occupant or Tenant: N/A
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Sophie Gorski-Cullen, Chuck Cull
 Address: 6624 Towering Oak Path
 City: Columbia State: MD Zip Code: 21044
 Phone: 443-838-8322 Fax: _____
 Email: csacullen@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Goal Construction Corp.
 Contact Person: Bobby Golshani
 Address: 8370 Greensboro Dr. Unit 911
 City: McLean State: VA Zip Code: 22102
 License No.: 7675
 Phone: 703-568-5888 Fax: _____
 Email: Bobby@goalconstructioncorp.com

Engineer/Architect Company: DW Taylor
 Responsible Design Prof.: Don Taylor
 Address: 5024 Dorsey Hall Drive
 City: Elliott City State: MD Zip Code: 21042
 Phone: 410-964-1181 Fax: 410-997-2924
 Email: _____

| Commercial Building Characteristics | Residential Building Characteristics | |
|---|---|-------|
| Height: | <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | |
| No. of stories: | Depth | Width |
| Gross area, sq. ft./floor: | 1 st floor: | |
| Area of construction (sq. ft.): | 2 nd floor: | |
| Use group: | Basement: | |
| | <input type="checkbox"/> Finished Basement | |
| | <input checked="" type="checkbox"/> Unfinished Basement | |
| | <input type="checkbox"/> Crawl Space | |
| | <input type="checkbox"/> Slab on Grade | |
| Construction type: | No. of Bedrooms: | |
| <input type="checkbox"/> Reinforced Concrete | <u>Multi-family Dwelling</u> | |
| <input type="checkbox"/> Structural Steel | No. of efficiency units: | |
| <input type="checkbox"/> Masonry | No. of 1 BR units: | |
| <input type="checkbox"/> Wood Frame | No. of 2 BR units: | |
| <input type="checkbox"/> State Certified Modular | No. of 3 BR units: | |
| | Other Structure: | |
| | Dimensions: | |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | Footings: | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Roof: | |
| Roadside Tree Project Permit # | <input type="checkbox"/> State Certified Modular | |
| | <input type="checkbox"/> Manufactured Home | |

| Utilities | |
|--|-----------------------------|
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | JAN 14 2016 |
| Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Heating System | |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil | LICENSES & PERMITS DIVISION |
| <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas | |
| <input type="checkbox"/> Other: | |
| Sprinkler System: | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Grading Permit Number: | <u>61600015</u> |
| Building Shell Permit Number: | |

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Sophie Gorski-Cullen
 Applicant's Signature
csacullen@gmail.com
 Email Address

 Title/Company

Sophie Gorski-Cullen
 Print Name
1/14/16
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--|--------------|-----------------------|
| State Highways | | |
| <input checked="" type="checkbox"/> Building Officials | | |
| <input checked="" type="checkbox"/> PSZA (Zoning) | | |
| <input checked="" type="checkbox"/> PSZA (Engineering) | | |
| <input checked="" type="checkbox"/> Health | <u>29-16</u> | <u>[Signature]</u> |

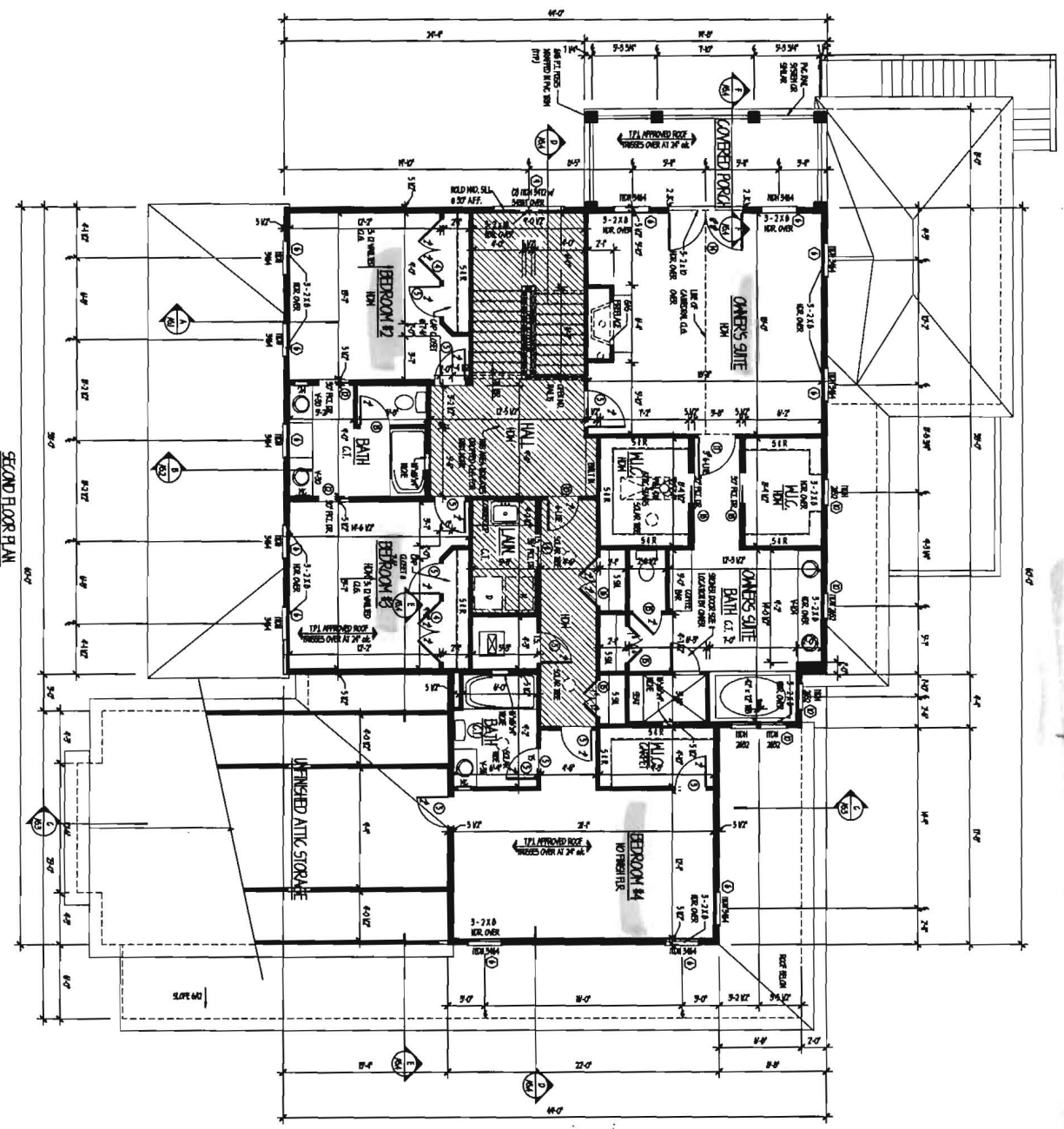
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

| DPZ SETBACK INFORMATION | |
|---------------------------------|--|
| Front: | |
| Rear: | |
| Side: | |
| Side St.: | |
| All minimum setbacks met? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Entrance Permit Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lot Coverage for New Town Zone: | |
| SDP/Red-line approval date: | |

| | |
|-----------------|----------------|
| Filing Fee | \$ <u>100</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ <u>5000</u> |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |
| Check | # <u>1869</u> |

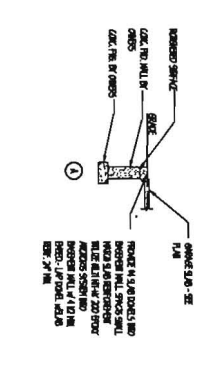
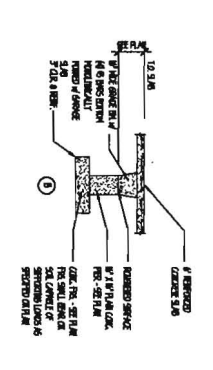
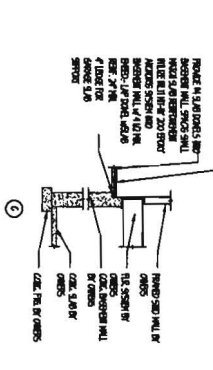
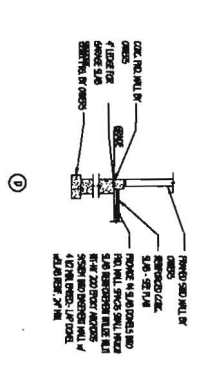
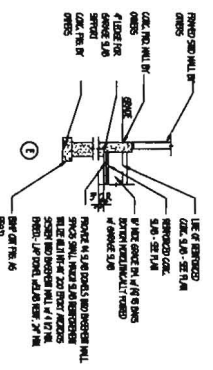
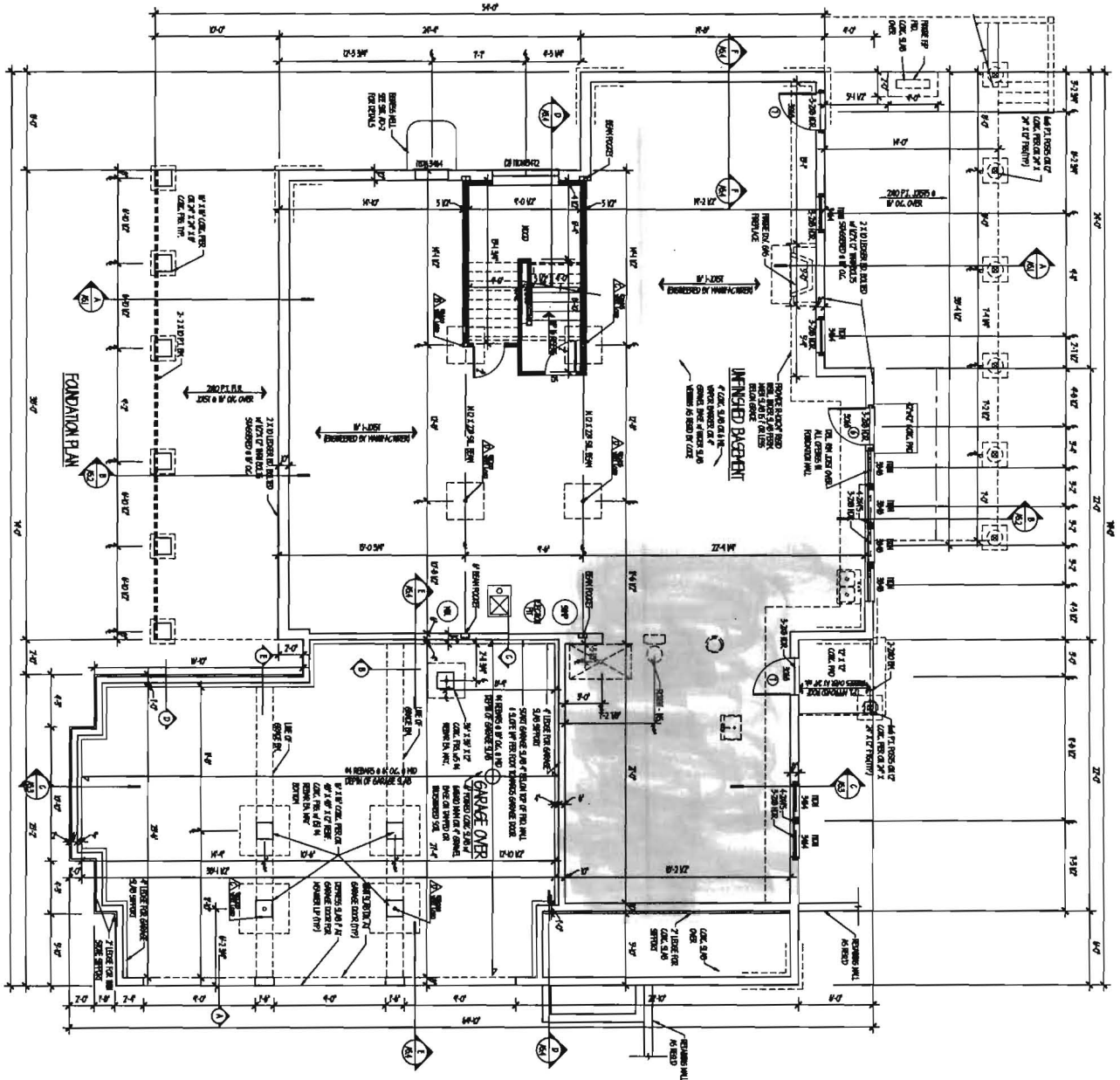
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

4 BR potential 5



SECOND FLOOR PLAN

| | |
|--|--------------------------------|
| <p>dw Taylor ARCHITECT</p> | |
| <p>BID AND PERMIT SET</p> | |
| <p>PROJECT TITLE ALLEN RESIDENCE</p> | <p>PROJECT NUMBER 2618</p> |
| <p>CONTENT SECOND FLOOR PLAN</p> | <p>DATE 04-28-20</p> |
| <p>PROJECT NUMBER 2618</p> | <p>DATE 04-28-20</p> |
| <p>PROJECT NUMBER A4.1</p> | <p>DATE 04-28-20</p> |

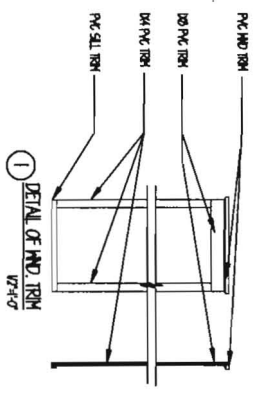
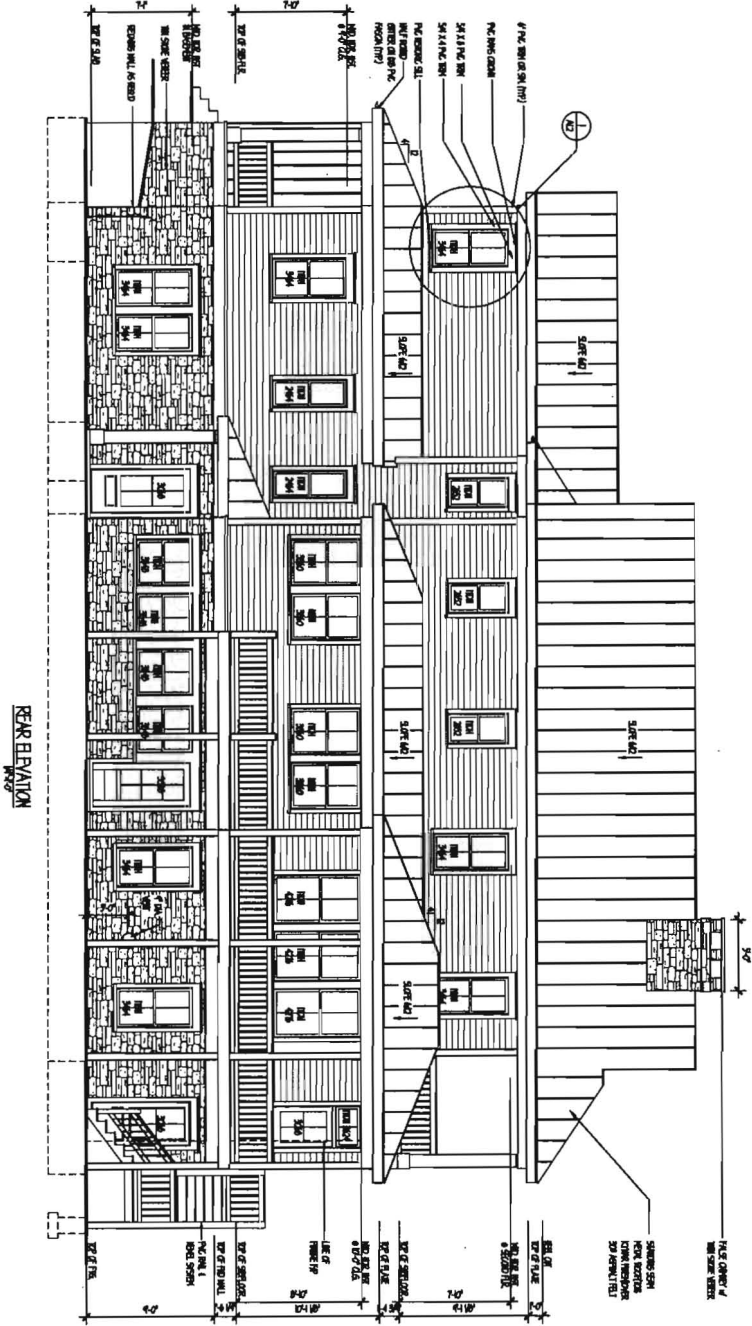


| | |
|------------------|-----------------|
| PROJECT NUMBER | 2618 |
| DRAWING NUMBER | A2.1 |
| PROJECT TITLE | FOUNDATION PLAN |
| CLIENT REFERENCE | |
| DATE | 04-23-23 |

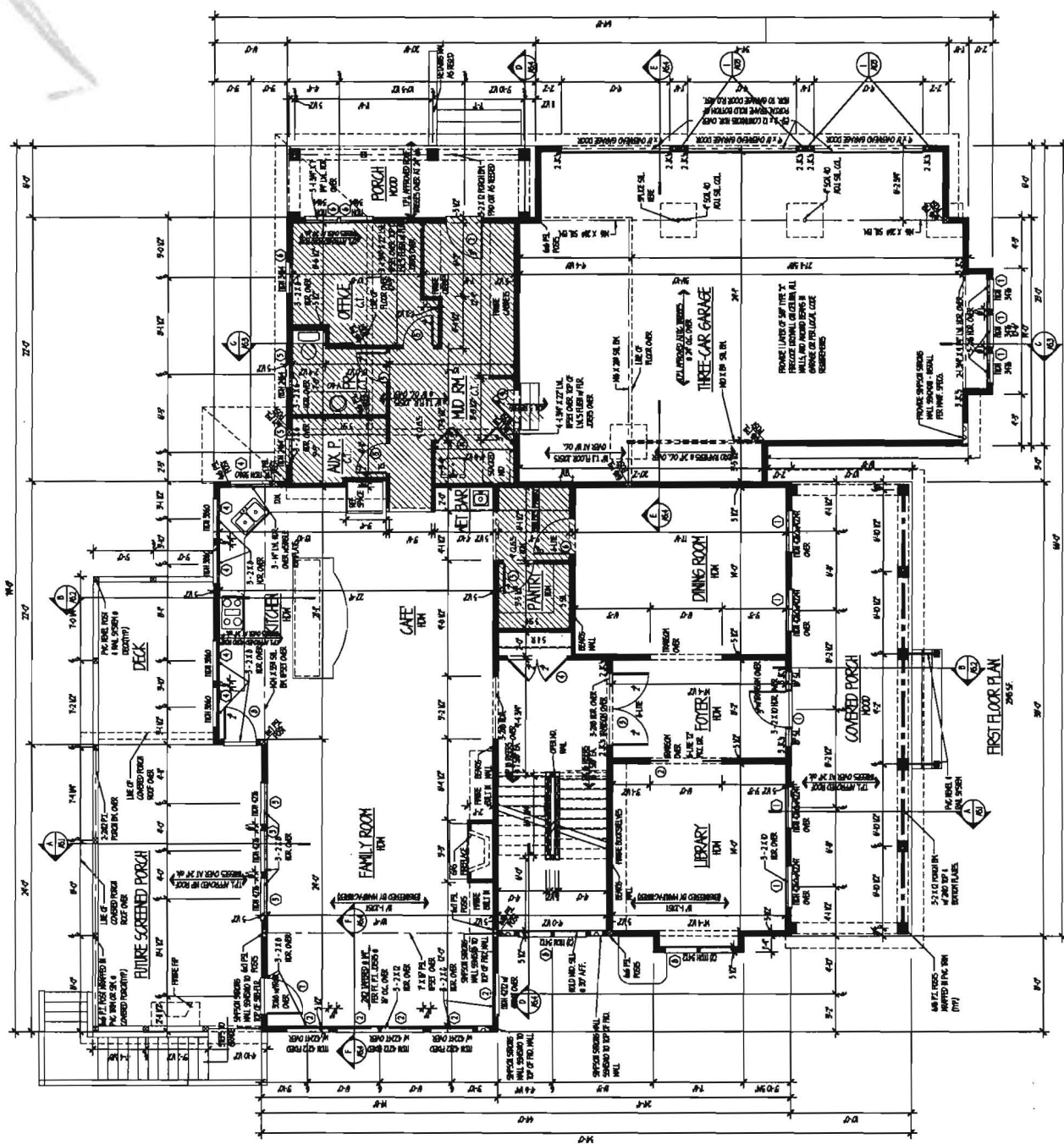
dw taylor
ARCHITECTS

300 AND PERMIT SET

1000 10th St, Suite 1000, San Francisco, CA 94103
415.774.1100 | www.dwtaylor.com



| | |
|---------------------------|------------------|
| | |
| BID AND PERMIT SET | |
| PROJECT NO. | 2618 |
| DATE | 06-20-20 |
| PROJECT TITLE | COLLEN RESIDENCE |
| CONTENTS | REAR ELEVATION |
| PROJECT NUMBER | 2618 |
| OWNER'S NUMBER | A12 |



BID AND PERMIT SET

| | |
|----------------|------------------|
| PROJECT TITLE | CULLEN RESIDENCE |
| CONTENT | FIRST FLOOR PLAN |
| PROJECT NUMBER | 2618 |
| DRAWING NUMBER | A3.1 |



Building Permit Application

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Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

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Permit No.: B14003467

Building Address: 11590 Chapel Rise
 City: Clarksville State: MD Zip Code: 21044
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: 2020 Chapel Rise
 Section: _____ Area: _____ Lot: 8
 Tax Map: 29 Parcel: 26 Grid: _____
 Zoning: RC-DED Map Coordinates: _____ Lot Size: 0.01 Acres

Existing Use: Field
 Proposed Use: Single Family
 Estimated Construction Cost: \$ 1.1M
 Description of Work: 1015 sq ft detached single family 4BR 4 1/2 bath 2 1/2 P, (future 5th BR & 3 1/2 bath)
 Occupant or Tenant: N/A
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Sophie Golski-Cullin, Chuck Cullin
 Address: 6224 Towering Oak Hill
 City: Columbia State: MD Zip Code: 21044
 Phone: 410-838-8322 Fax: _____
 Email: csacullin@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: USE AS APPLICANT
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: NDI Homes - Maryland
 Contact Person: Joni Key
 Address: 134 Holiday Ave, Suite 300
 City: Annapolis State: MD Zip Code: 21401
 License No.: MHPB 3516
 Phone: 410-221-5555 Fax: _____
 Email: jkey@ndihomes.com

Engineer/Architect Company: Struct Design
 Responsible Design Prof.: Mike - [unclear]
 Address: 2020 Maryland Ave, #201
 City: Annapolis State: MD Zip Code: 21401
 Phone: 410-115-5585 Fax: _____
 Email: mike@structdesign.com

| Commercial Building Characteristics | Residential Building Characteristics | |
|--|--|------------------------------------|
| Height: | <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | |
| No. of stories: | Depth | Width |
| Gross area, sq. ft./floor: | 1 st floor: <u>1400</u> | 2 nd floor: <u>1400</u> |
| Area of construction (sq. ft.): | Basement: <u>1400</u> | |
| Use group: | <input type="checkbox"/> Finished Basement | |
| | <input type="checkbox"/> Unfinished Basement | |
| | <input type="checkbox"/> Crawl Space | |
| | <input type="checkbox"/> Slab on Grade | |
| Construction type: | No. of Bedrooms: | |
| <input type="checkbox"/> Reinforced Concrete | Multi-family Dwelling | |
| <input type="checkbox"/> Structural Steel | No. of efficiency units: | |
| <input type="checkbox"/> Masonry | No. of 1 BR units: | |
| <input type="checkbox"/> Wood Frame | No. of 2 BR units: | |
| <input type="checkbox"/> State Certified Modular | No. of 3 BR units: | |
| | Other Structure: | |
| | Dimensions: | |
| ➤ Roadside Tree Project Permit | Footings: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Roof: | |
| Roadside Tree Project Permit # | <input type="checkbox"/> State Certified Modular | |
| | <input type="checkbox"/> Manufactured Home | |

| Utilities | |
|---|---|
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Electric: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Gas: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Heating System | |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas | |
| <input type="checkbox"/> Other: _____ | |
| Sprinkler System: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Grading Permit Number: <u>111-222</u> | |
| Building Shell Permit Number: _____ | |

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: _____
 Email Address: _____
 Title/Company: _____

Print Name: _____
 Date: 9/23/14

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

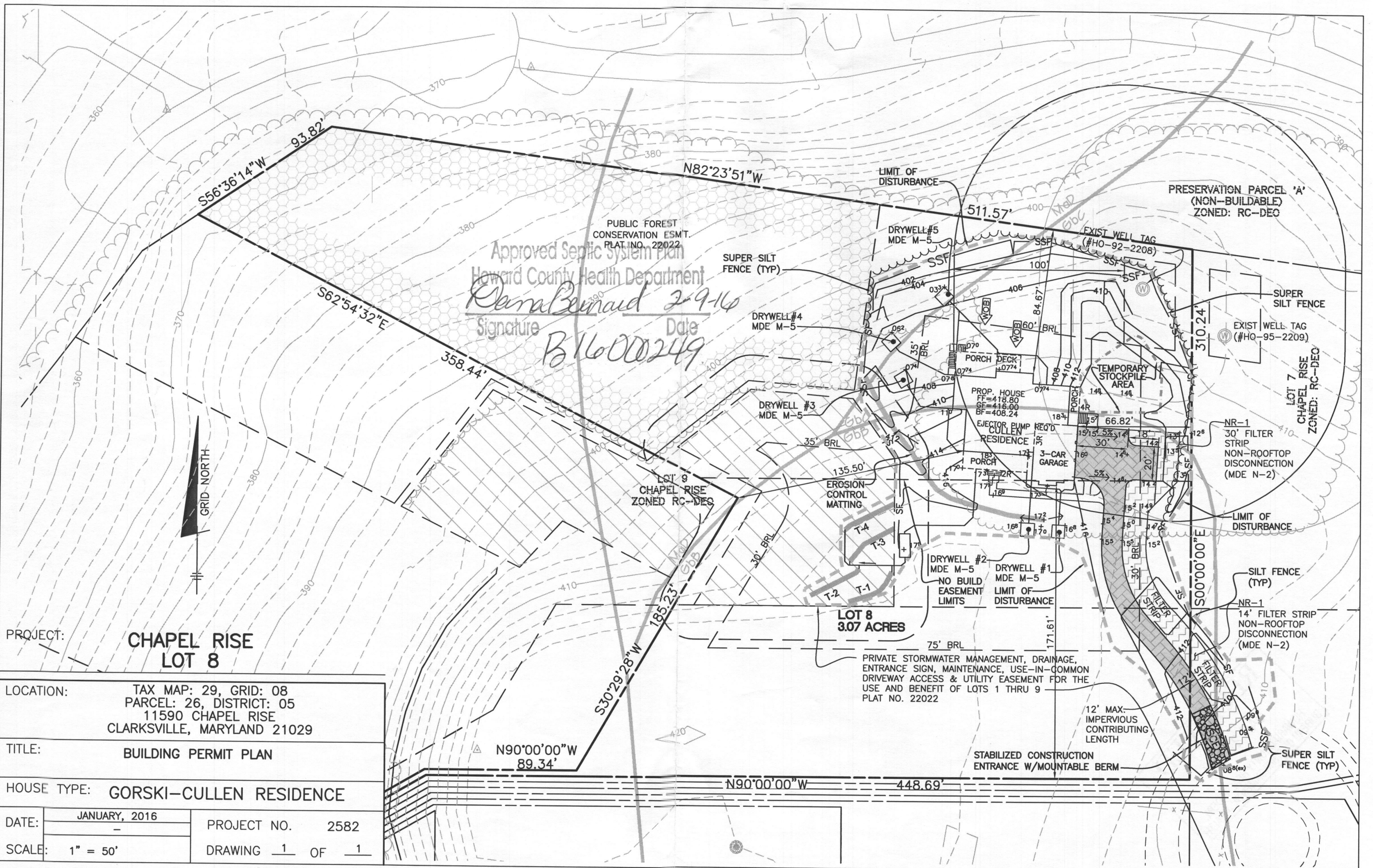
| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--------------------|-----------------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | <u>10/31/14</u> | <u>[Signature]</u> |

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

| | |
|----------------|------------------|
| Filing Fee | \$ <u>100.00</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ <u>50.00</u> |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub-Total Paid | \$ |
| Balance Due | \$ |
| Check | # <u>1700</u> |



| | | | |
|-------------|---|-------------|--------|
| PROJECT: | CHAPEL RISE LOT 8 | | |
| LOCATION: | TAX MAP: 29, GRID: 08 PARCEL: 26, DISTRICT: 05 11590 CHAPEL RISE CLARKSVILLE, MARYLAND 21029 | | |
| TITLE: | BUILDING PERMIT PLAN | | |
| HOUSE TYPE: | GORSKI-CULLEN RESIDENCE | | |
| DATE: | JANUARY, 2016 | PROJECT NO. | 2582 |
| SCALE: | 1" = 50' | DRAWING | 1 OF 1 |



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 9/23/14

Permit No.: B19003467

Building Address: 11590 Chapel Rise
 City: Clarksville State: MD Zip Code: 21044
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: 2020 Chapel Rise
 Section: _____ Area: _____ Lot: 8
 Tax Map: 29 Parcel: 26 Grid: _____
 Zoning: RC-DEO Map Coordinates: _____ Lot Size: 3.07 Acres

Existing Use: Field
 Proposed Use: Single Family
 Estimated Construction Cost: \$ 1.1 m
 Description of Work: construct residential single family - 4BR, 4 1/2 Bath, 3FP, (future 5th BR & 5th Bath)
 Occupant or Tenant: N/A
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

| Commercial Building Characteristics | Residential Building Characteristics |
|---|---|
| Height: _____ | <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |
| No. of stories: _____ | Depth _____ Width _____ |
| Gross area, sq. ft./floor: _____ | 1 st floor: <u>74' 2 1/4" x 104' 2 1/4"</u> |
| Area of construction (sq. ft.): _____ | 2 nd floor: <u>51' x 86'</u> |
| Use group: _____ | Basement: <u>51' 11" x 71' 8"</u> |
| <u>Construction type:</u> | <input checked="" type="checkbox"/> Finished Basement |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Unfinished Basement |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Craw Space |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Slab on Grade |
| <input type="checkbox"/> Wood Frame | No. of Bedrooms: _____ |
| <input type="checkbox"/> State Certified Modular | <u>Multi-family Dwelling</u> |
| | No. of efficiency units: _____ |
| | No. of 1 BR units: _____ |
| | No. of 2 BR units: _____ |
| | No. of 3 BR units: _____ |
| | Other Structure: _____ |
| | Dimensions: _____ |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | Footings: _____ |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Roof: _____ |
| Roadside Tree Project Permit # _____ | <input type="checkbox"/> State Certified Modular |
| | <input type="checkbox"/> Manufactured Home |

Property Owner's Name: Sophie Gorski-Cullen, Chuck Cullen
 Address: 6624 Towering Oak Path
 City: Columbia State: MD Zip Code: 21044
 Phone: 443-838-8222 Fax: _____
 Email: csqcullen@gmail.com *

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: USE AS APPLICANT
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: NDI Homes of Maryland
 Contact Person: Joni Ray
 Address: 134 Holiday Cartz Suite 300
 City: Annapolis State: MD Zip Code: 21401
 License No.: M4BR 2516
 Phone: 410-244-5634 Fax: _____
 Email: jray@ndimd.com

Engineer/Architect Company: Sunset Design
 Responsible Design Prof.: Mike Stevenson
 Address: 802 S. Cherry Grove Ave, #301
 City: Annapolis State: MD Zip Code: 21401
 Phone: 443-995-5585 Fax: _____
 Email: mbsce82@gmail.com

| Utilities | |
|---|--|
| <u>Water Supply</u> | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| <u>Sewage Disposal</u> | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| <u>Heating System</u> | |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas | |
| <input checked="" type="checkbox"/> Other: <u>Geothermal</u> | |
| <u>Sprinkler System:</u> | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Grading Permit Number: <u>G14000288</u> | |
| Building Shell Permit Number: _____ | |

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Sophie Gorski-Cullen Print Name: Sophie Gorski-Cullen
 Email Address: csqcullen@gmail.com Date: 9/23/14
 Title/Company: Home owner

RECEIVED
 SEP 23 2014

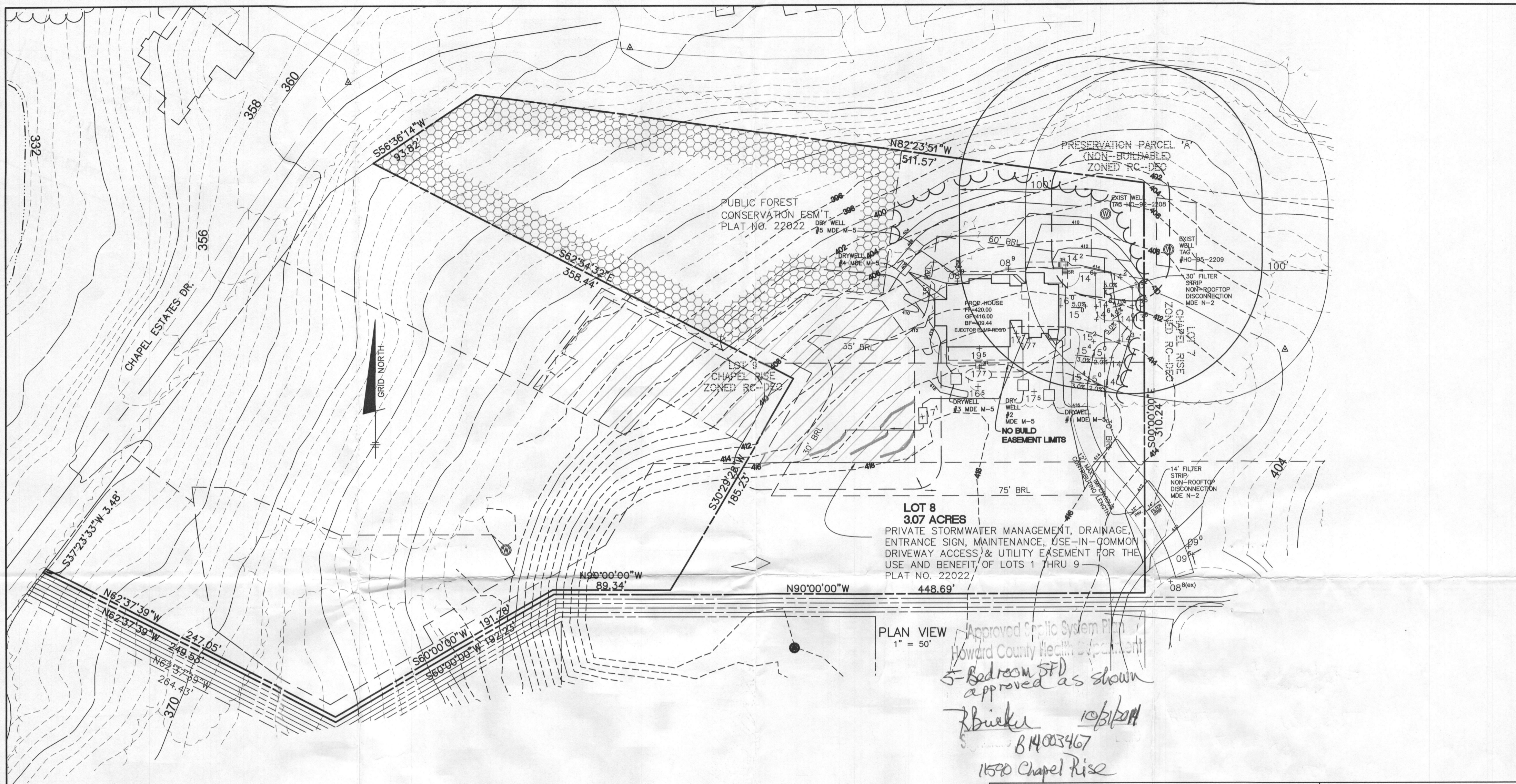
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--|-----------------|-----------------------|
| <input checked="" type="checkbox"/> State Highways | | |
| <input checked="" type="checkbox"/> Building Officials | | |
| <input checked="" type="checkbox"/> PSZA (Zoning) | | |
| <input checked="" type="checkbox"/> PSZA (Engineering) | | |
| <input checked="" type="checkbox"/> Health | <u>10/31/14</u> | <u>F.B. Baker</u> |

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

| DPZ SETBACK INFORMATION |
|---|
| Front: _____ |
| Rear: _____ |
| Side: _____ |
| Side St.: _____ |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lot Coverage for New Town Zone: _____ |
| SDP/Red-line approval date: _____ |

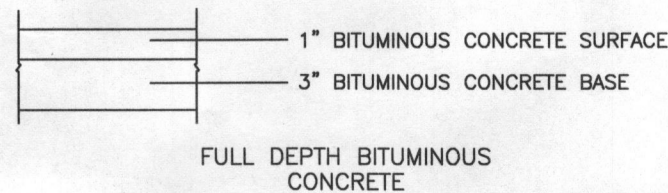
| | |
|----------------|------------------|
| Filing Fee | \$ <u>100.00</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ <u>50.00</u> |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub-Total Paid | \$ |
| Balance Due | \$ |
| Check | # <u>1760</u> |



NOTES:

1. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. THE SEDIMENT AND EROSION CONTROLS, ONCE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT THIS GRADING PLAN, SHALL BE USED FOR THE BUILDING PERMIT PLAN.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS AND HAS BEEN FIELD VERIFIED BY BENCHMARK ENGINEERING, INC. ON OR ABOUT NOVEMBER, 2013.
5. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 2011 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
8. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS OR ENVIRONMENTAL CONCEPT PLAN.
9. SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.
10. THE EXISTING WELL SHOWN ON THIS PLAN, HO-95-2208, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
11. THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
12. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
13. STORMWATER MANAGEMENT FOR THE DRIVEWAY IS PROVIDED BY NON-ROOFTOP DISCONNECTION (MDE DESIGNATION N-2). STORMWATER MANAGEMENT FOR THE ROOFTOP IS PROVIDED BY DRYWELLS (MDE DESIGNATION M-5).
14. THE DESIGN OF THIS SEPTIC AREA REQUIRES THE USE OF A DEEP TRENCH SYSTEM. CALCULATIONS ARE BASED ON 5 BEDROOMS, 1.2 GPD/SF APPLICATION RATE AND 24" EFFECTIVE DEPTH. THE SEPTIC DISPOSAL SYSTEM FOR THIS LOT REQUIRES ADVANCED PRE-TREATMENT IN ACCORDANCE WITH MDE REGULATIONS.

PAVING SECTION
NOT TO SCALE



LEGEND

- PROPOSED STRUCTURE
- EXISTING CONTOURS
- EXISTING WELL
- STABILIZED CONSTRUCTION ENTRANCE
- SILT FENCE
- SUPER SILT FENCE
- EXISTING TREELINE
- SOILS
- LIMIT OF DISTURBANCE

BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 315
ELLCOTT CITY, MARYLAND 21043
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OWNER:
CHARLES PATRICK CULLEN
SOPHIE LOUISE GORSKI-CULLEN
6624 TOWERING OAK PATH
COLUMBIA, MARYLAND 21029

PROJECT:
**CHAPEL RISE
LOT 8**

LOCATION: TAX MAP: 29, GRID: 08
PARCEL: 26, DISTRICT: 05
11590 CHAPEL RISE
CLARKSVILLE, MARYLAND 21029

TITLE: **BUILDING PERMIT PLAN**

HOUSE TYPE: **GORSKI-CULLEN RESIDENCE**

DATE: **SEPTEMBER, 2014** PROJECT NO. **2582**

DESIGN: **JMC** DRAFT: **JMC**

SCALE: **1" = 50'** DRAWING **1** OF **1**